**LEAVE OF ABSENCE REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMPLOYEE INFORMATION** | | | | |
| Name: | |  | | |
| Address: | |  | | |
| Phone Number: | |  | | |
|  | |  | | |
| **DEPARTMENT INFORMATION** | | | | |
| Job Title: | |  | | |
| Department: | |  | | |
| Supervisor: | |  | | |
|  | |  | | |
| **REQUEST** | | | | |
| I hereby apply for a leave of absence for the purpose indicated below. I understand that if I fail to report for work on or before the scheduled return date indicated below or fail to contact my supervisor regarding my absence from work beyond such scheduled date of return, my appointing authority may take disciplinary action against me, which may include termination for cause effective the date the leave expired, in accordance with UW System Operational Policies BN4, BN8, and BN9. | | | | |
| Reason for Leave: | | Military | | |
|  | | Non-Medical  Medical  Maternity - anticipated deliver date:  Paternity  Adoption | | |
| Explanation for Leave: | |  | | |
| Type of Leave: | | Unpaid  Paid – please indicate type and how many hours are planned to use.  Vacation (      hours)  Vacation Carryover (      hours)  Personal/Floating Holiday (      hours)  Sick Leave (      hours)  Sabbatical/ALRA (      hours) | | |
| Request for extension approved to extend from       to       . | | | | |
|  | | |  |  |
| *Employee Signature* | | |  | *Date* |
|  | | |  |  |
| **AUTHORIZATION** | | | | |
|  | | |  |  |
| *Supervisor* | | |  | *Date* |
|  | | |  |  |
| *Dean/Division Head* | | |  | *Date* |
|  | | |  |  |
| *Area Leader* | | |  | *Date* |
|  | | |  |  |
| *Human Resources* | | |  | *Date* |
|  | | |  |  |
| *Position Review Committee Chair* | | |  | *Date* |
| *If denied at any time, please complete this section, provide employee with a copy and send original to HR.* | | | | |
| *Reason for denial:* |  | | | |
|  |  | | | |
| **FORWARD COMPLETED FORM TO HUMAN RESOURCES** | | | | |